

Name in Full

Agnes Arthur

Town

County

MARYLAND

Died at

Lyons

Carrolee

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 27

Age

85 2 27

Beland

none

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Robert Arthur

Mother's

Name

154

Cause of

Primary

old age

How long sick

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

E. Birnie

Address

Taney Town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Chas Bauer

Town

County

MARYLAND

Died at Sykesville,

Carroll Co

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Jan 28

Age

59

Margaret Moulder

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Alcoholic Dementia

How long sick

2 weeks

Death

Immediate

Cystitis & exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. Clement Clark M.D.

Address

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Wm J Ticken & Sons

Name
in
Full

Henry Bauer

CERTIFICATE OF DEATH

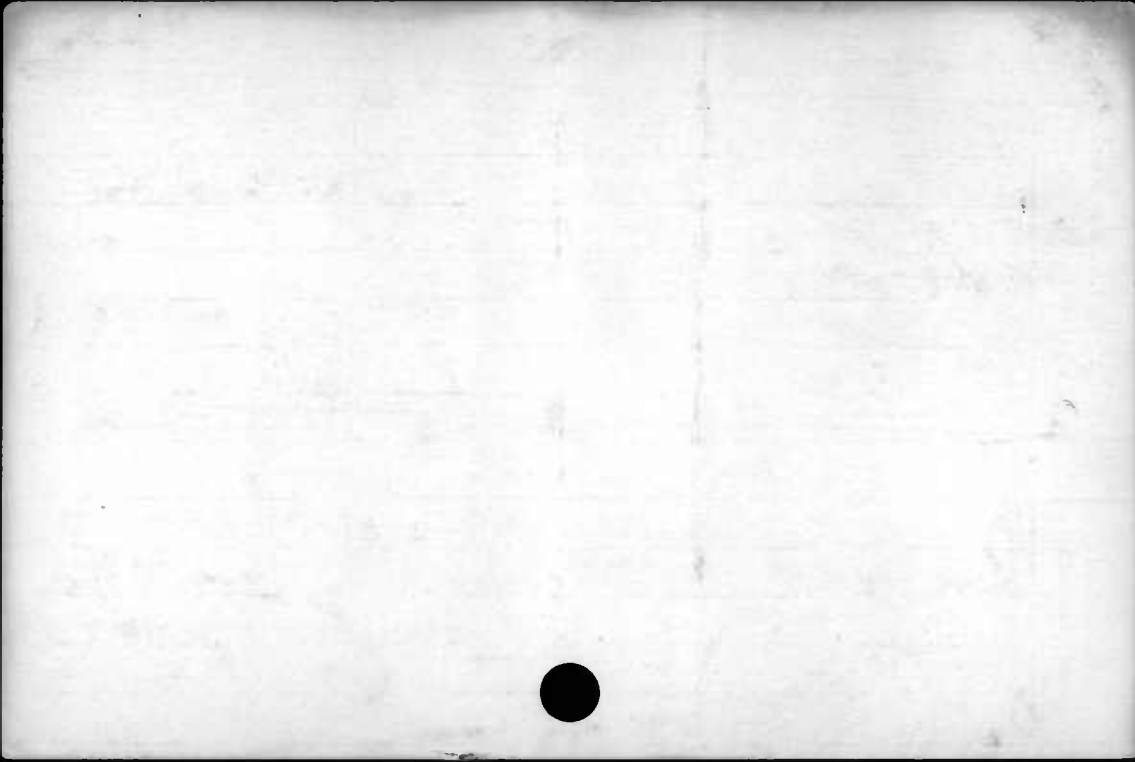
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sykesville		County Carroll		MARYLAND	
Date of death 190	3	Month January	Day 20	Age	79 - 22 years	Months 2	Days 14
Sex	male		Color or Race	white		Birth- place	Germany
Married, Single or Widowed	Widower			Occupation	Gardener & Dairy man		
Name of Wife or Husband	Dora Schultz						
Father's Name	Dont Known					Father's Birthplace	—
Mother's Maiden Name	Dont Known					Mother's Birthplace	—
Name of person giving In formation	John Bauer					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Complications due to Paralysis		How long	8 years
Immediate	Failure of Brain		How long	7 or 8 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Amiel B. Sprecher
			Address	Sykesville
Accident or Suicide?		—		



Fannie Hill.

Town

County

Died at

Springfield State Hospital Carroll County MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1 11

Age 66.

Md.

Seamstress.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~Number of children living

Husband of

?

Wife

Father's

?

Mother's

Name

Maiden Name

?

Cause of

Primary

Senility

Death

Immediate

Exhaustion

154

How long sick

5 weeks

Accident, Suicide, Homicide

Reported by

John. W. Morris, Jr. & per R. M. Brown.

Address

Sykesville Md.

M. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full *29th Eli Benson*

Died at *Springfield State Hospital* Town *Carroll* County

DATE of death 190*8* Month *1* Day *11* Age *66* Years Months *—* Days *—*

Sex *male* Color or Race *white* Birth-place *Maryland*

~~Married, Single~~ *Widower* Occupation *Carpenter*

Name of Wife or Husband *—*

Father's Name *John Benson* Father's Birthplace *MD*

Mother's Maiden Name *Louise* Mother's Birthplace *MD*

Name of person giving information *Nicholas Benson* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Myelitis* How long *5 yrs*

Immediate *Acute gastritis & Heart failure* How long *about 4 hrs*

Are the name, age, sex, color, date and place correctly given above? ☒

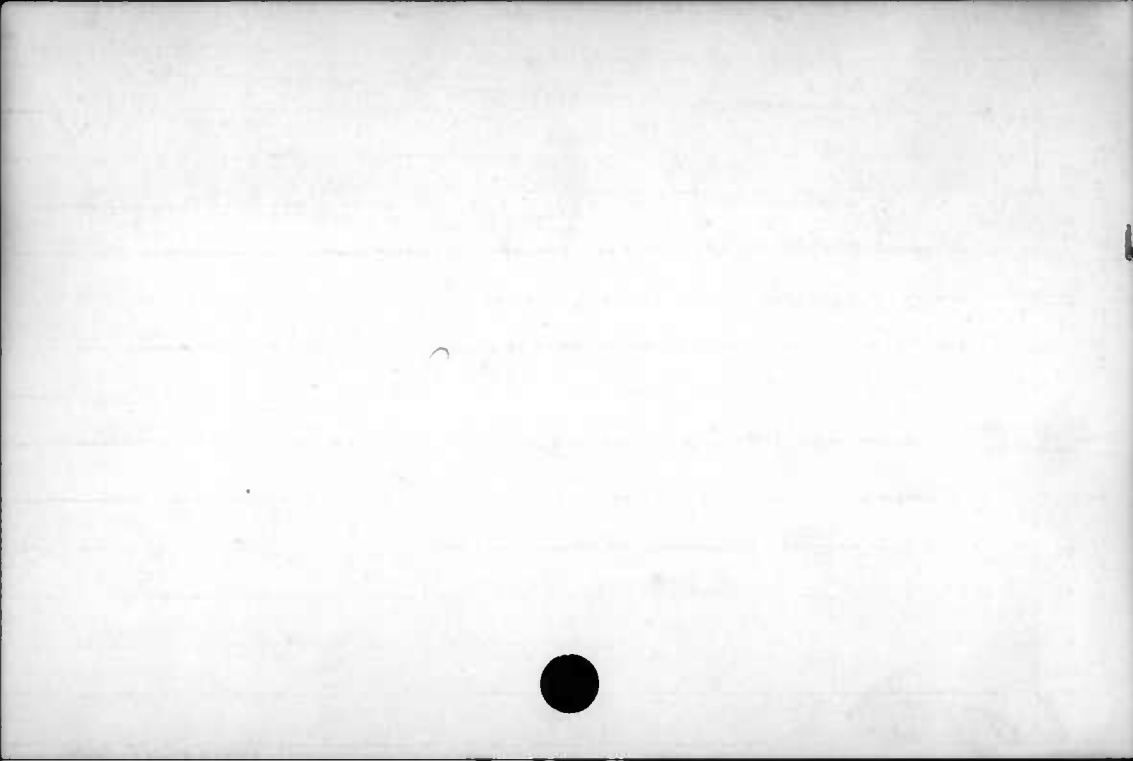
Signature of Physician *Chas J. Carey*

Address *Sylkerville MD*

Accident or Suicide? ☒

East Berlin

Name in Full		Lestie Melvin Brown				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Wakefield</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND		
		Date of death 190 <u>3</u>	Month <u>1</u>	Day <u>3</u>	Age	Years	Months <u>2</u>	Days <u>2</u>
		Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Wakefield</u>		
		Married, Single or Widowed			Occupation <u> </u>			
		Name of Wife or Husband						
		Father's Name <u>Victor Brown</u>			Father's Birthplace <u>Ind</u>			
		Mother's Maiden Name <u>Viola Brown Gist</u>			Mother's Birthplace <u>Ind</u>			
		Name of person giving information <u>Victor Brown</u>			How related to deceased <u>Father</u>			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary, <u>Delicate from birth</u>			How long <u> </u>			
		Immediate <u>Convulsions</u>			How long <u>2 days</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>			Signature of <u>E P Baile Undertaker</u>			
					Address <u>New Windsor Md</u>			
		Accident or Suicide? <u>Dr Brooks of Martins Seen Patient once</u>						



Name in Full

Certificate of Death

Rydia Ann Cluto.

Died at ^{Town} Paceytown.^{County} Carroll

MARYLAND

Date ¹⁹⁰³ 1903 ^{Month} 1 ^{Day} 8 ^{Y.} ^{M.} ^{D.} Age 69 ^{Native of} 8 ^{Occupation} Md. Housewife

~~Male~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Male~~ ^{Number of children living} 6

~~Husband~~ of
Wife

Josiah Cluto
 Father's Name ^{bonover}
 Mother's Name

179

OVER

Cause of ^{Primary} ~~Secondary~~ Unknown

How long sick

Death ^{Immediate} ~~Delayed~~ Cardiac failure

Accident, Suicide, Homicide

Reported by ^{F A H Series}

OVER

Address ^{Paceytown. Md.}

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Wm H. Calson

Town

County

Died at

Woodbine

Carroll

MARYLAND

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

1 19

Age 83 9 5

Md.

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

8

Husband
of

Margarette Calson

Father's
Name

Martin Calson

Mother's
Name

Cause of

Primary

Paralysis

How long sick

two years.

Death

Immediate

senile debility.

Accident, Suicide, Homicide

Reported by

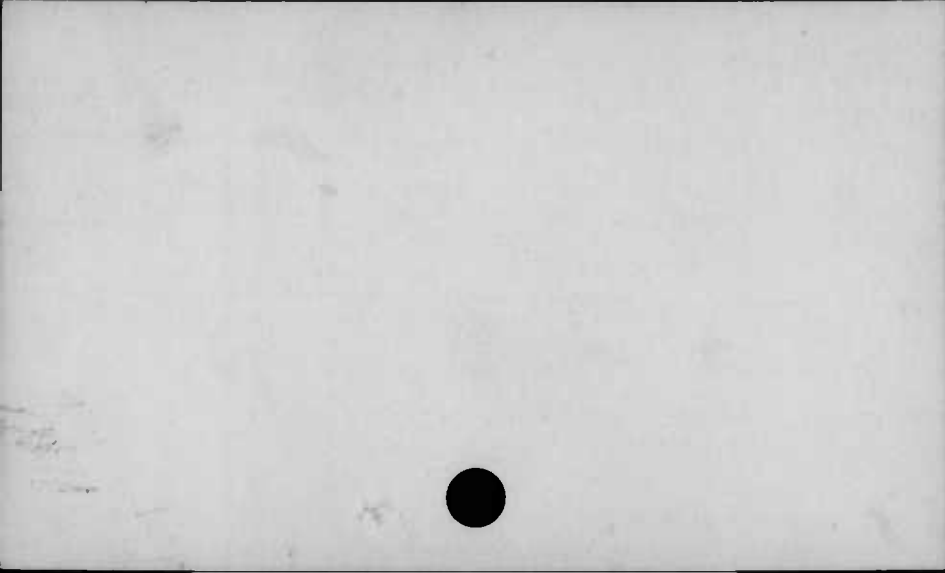
A. T. Pratt

Address

Taylorsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hilda May Corbin

Died at <i>Irishburg</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	<i>Jan.</i> <small>Month</small>	<i>17</i> <small>Day</small>	Age <i>2</i> <small>Years</small>	<i>9</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation _____			
Name of Wife or Husband _____					
Father's Name <i>Joshua N. Corbin</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Louise E. Lewis</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Joshua N. Corbin</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>Three weeks</i>
Immediate <i>Paralysis</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. M. Glade</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide? _____	

Shinner

Name
in
Full

Edna Cox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND		
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>12</i>	Age	Years	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Westminster</i>			
Married, Single or Widowed <i>Single</i>		Occupation _____				
Name of Wife or Husband						
Father's Name <i>William Cox</i>			Father's Birthplace <i>Westminster</i>			
Mother's Maiden Name <i>Eva Chase</i>			Mother's Birthplace <i>11</i>			
Name of person giving information <i>Eva Cox</i>			How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>105</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James. Stover</i> <i>M. Denton</i>
	Address <i>Westminster</i>
Accident or Suicide?	

Col Lennet



Name
in
Full

Bertie Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>19</i>	Age	Years	Months	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Westminster</i>				
Married, Single or Widowed <i>single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>Isaac Cross</i>				Father's Birthplace <i>Westminster</i>			
Mother's Maiden Name				Mother's Birthplace <i>11</i>			
Name of person giving information <i>Isaac Cross</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>71</i>	How long <i>one day</i>
Immediate <i>Coma</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. S. Mathias</i>	
	Address <i>Westminster</i>	
Accident or Suicide?		

Bestey Chou

2

Wm H. Danner,

Town

County

Died at

MARYLAND

Date 1903 Month Jan Day 1 Y. 40 M. D. Native of Md. Occupation Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living none

Husband of Harriet G. W.
 Wife of
 Father's Name Abram Danner Mother's Name Dorothy Buckner

Cause of Death { Primary Immediate Stomach trouble
 How long sick 17 weeks
 Accident, Suicide, Homicide

Reported by O. S. Shavelle, Undertaker,
 Address Hovels bro. Frederick Cr. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mother's birthplace Carroll Co Ind
Father's birthplace Carroll Co Ind

Name in Full

Certificate of Death

76

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

1 25

Age

45.5.25

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Two

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70008



Name
in
Full

Larvinia C Fisher

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Westminster

Carver

Date

Month

Day

Years

Months

Days

of death 190

3

January

7

Age

73

26

Sex

Female

Color or
Race

White

Birth-
place

Pennsylvania

Married, Single
or Widowed

Single

Occupation

Name of Wife or
HusbandFather's
Name

Jacob Fisher

Father's
Birthplace

Pennsylvania

Mother's
Maiden Name

Catharine Gerschman

Mother's
Birthplace

Idaho

Name of person giving
Information

Gershon Huff

How related
to deceased

Brother In Law

CAUSES OF DEATH

Primary

Cold

How long

Some days

Immediate

Pneumonia

How long

4 1/2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. H. Bellinger M.D.

Westminster Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Shorne

Name in Full

Certificate of Death

Caroline Fogle

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 21

Age

75

23

Ind

Housewife

White

Married

Widow

Divorced

Female

ColoredSingleWidowed

Number of children living

1

Husband of

Wm Michael

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Valvular disease Heart

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full:

Certificate of Death

Died at

Date

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Louis Herbert Fry
 Town *Sykesville* County *Carroll*

MARYLAND

Month *Jan* Day *29* Y. *1903* M. *7* D. *7* Name of *md* Occupation *md*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Divorced~~ Number of children living *md*

Husband of
 Wife

Name *John Wesley Fry*

Name *Ellen Louise Fry*

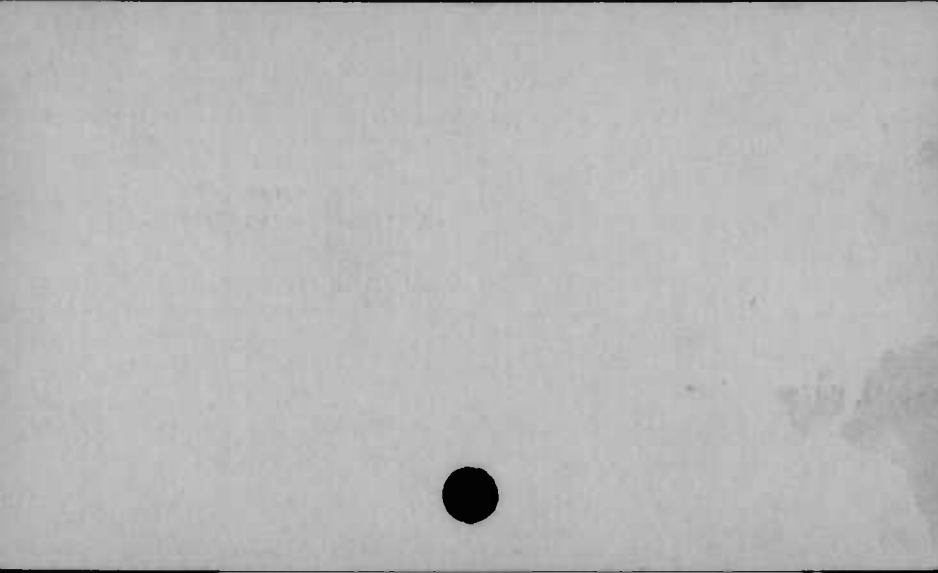
Cause of Primary *Pneumonia*

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by *CW Hefflinger*
 Address *Sykesville Md.*



Name in Full

Certificate of Death

Ramus. S. Garrett

Town

County

MARYLAND

Died at

Bachmans Mills

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 03

Jan. 23

Age

24.3.25

Penn

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Levi Garrett

Mother's

Maiden Name

Polly Mathias

Cause of

Primery

Perforation of Bowels

How long sick

14 days

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

John S. Ziegler - M.D.

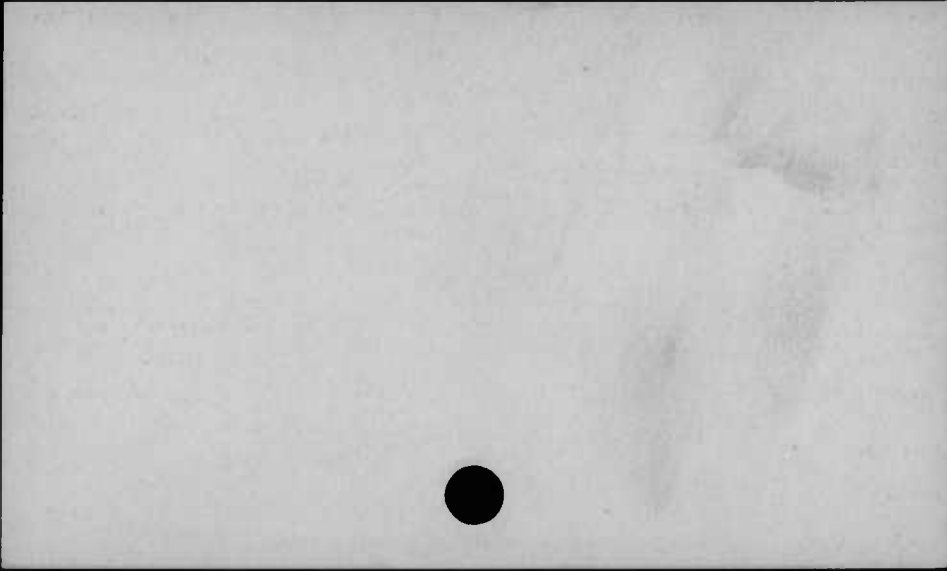
Address

Melrose

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Nancy Green</i>		Town <i>Dandysville</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>Jan</i>		Day <i>31</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Age <i>74</i>		Months <i>11</i>	
Married, Single or Widowed <i>Married</i>		Occupation		Birth-place <i>Maryland</i>		Days <i>19</i>	
Name of Wife or Husband <i>Isaac Green Jr</i>		Father's Name <i>Jacob Lefko</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Jessie Miller</i>		Mother's Birthplace <i>Maryland</i>		How related to deceased <i>Husband</i>			
Name of person giving information <i>Isaac Green</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>	How long	<i>Two or three</i>
Immediate	<i>Heart Failure</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Gas. H. Billingsley M.D.</i>	
<i>Yes</i>		Address <i>Westminster Md.</i>	
Accident or Suicide? <i>No</i>			

Shomes

Name
in
Full

J - Ham

CERTIFICATE OF DEATH

Died at <i>Medford</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>29</i>	Age	Years	Months <i>9</i> Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Medford</i>			
Married, Single or Widowed <i>single</i>	Occupation				
Name of Wife or Husband					
Father's Name <i>Thos. J. Ham</i>			Father's Birthplace <i>Med</i>		
Mother's Maiden Name <i>Mary Neidum</i>			Mother's Birthplace		
Name of person giving information <i>Thos. J. Ham</i>			How related to deceased <i>Father</i>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary	How long
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr J. T. Herring</i>
	Address <i>Westminster</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER

Amoris church

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 190

Sex

Married, Single
or WidowedName of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
In formation

Town

County

Day

Age

Years

Months

Days

Color or
RaceBirth-
place

Occupation

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Winter Church

Name in Full

Certificate of Death

Aaron Harman.

Town

County

Died at

Tyron

Carroll.

MARYLAND

Date 1903

Month

Day

Y

M.

D.

Native of

Occupation

Jan. 22 81 4 29 Md. Farmer.

Male

White

Married

Widower

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband

of

Mary Harman.

Father's

Mother's

Name

Name

Cause of

Primary

Heart failure 179

How long sick

3 Minutes.

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. W. Weaver M.D.
Tarrytown
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65988



Name
in
Full

Samuel Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Windsor</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>1st</i>	Day <i>5th</i>	Age <i>between 75 & 80</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Carroll Co</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Labourer</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>No Doctor in Attendance</i>	Address <i>New Windsor Md</i>
Accident or Suicide?	<i>C P Baile Undertaker</i>



Name
in
Full

Solomon Horseman

CERTIFICATE OF DEATH

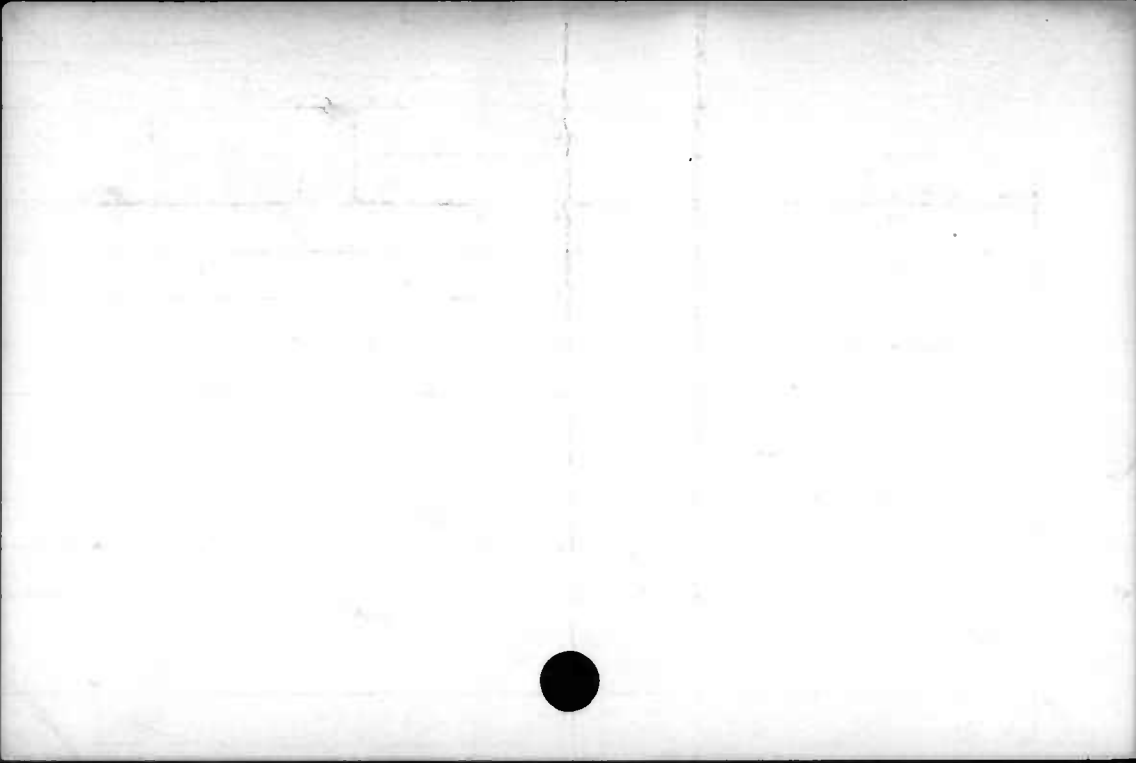
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield State Hospital</i>		County <i>Sykesville, Md.</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>8th</i>	Years <i>39</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Farmer</i>		
Name of Wife or <i>Harris Ho</i> <i>Maggie Horseman</i>					
Father's Name <i>Harris Horseman</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Margaret Hughes</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Hospital records</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Paresis</i>	How long <i>67</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>To best of my knowledge</i>	Signature of Physician <i>Chas. J. Carey</i>
Address <i>Sykesville, Md.</i>	
Accident or Suicide? <i>No</i>	



Name
in
Full

Guy M. Houch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountain</i> Town		<i>Cornell</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>25</i>	Age	Years	Months <i>4</i> Days
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Mountain</i>		
Married, Single <i>Married</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Calvin D. Houch</i>			Father's Birthplace <i>Carroll Co.</i>		
Mother's Maiden Name <i>Aunie M. Houch</i>			Mother's Birthplace <i>Fred. Co.</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Whooping cough</i>	How long <i>1 Week</i>
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Charles Kemp</i>
	Address <i>Mountain Ind</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Sarah E Hyser

Town

County

Died at

Longville

Carrall

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

1

5

Age

37

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

8

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Child Birth

Septicaemia

How long sick

10 days

~~Accident, Suicide, Homicide~~

Reported by

C. O. Fuss F. L.

Address

Taneytown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Over

LIBRARY BUREAU, 79898

Dr. Motter attended case. Was taken ill
and could not sign death certificate.

Name in Full

Certificate of Death

John Harry Jones
 Town *Crown* County *Carroll Co*
 Died at _____ MARYLAND

Date 1903 *Jan 20* Month *Jan* Day *20* Y. *65* M. *5* D. *5* Native of _____ Occupation *Laborer*

Male *White* Married *Widow* Divorced *Widower*
 Female *Colored* Single *Number of children living*

Husband of *Ada Jones*
 Wife

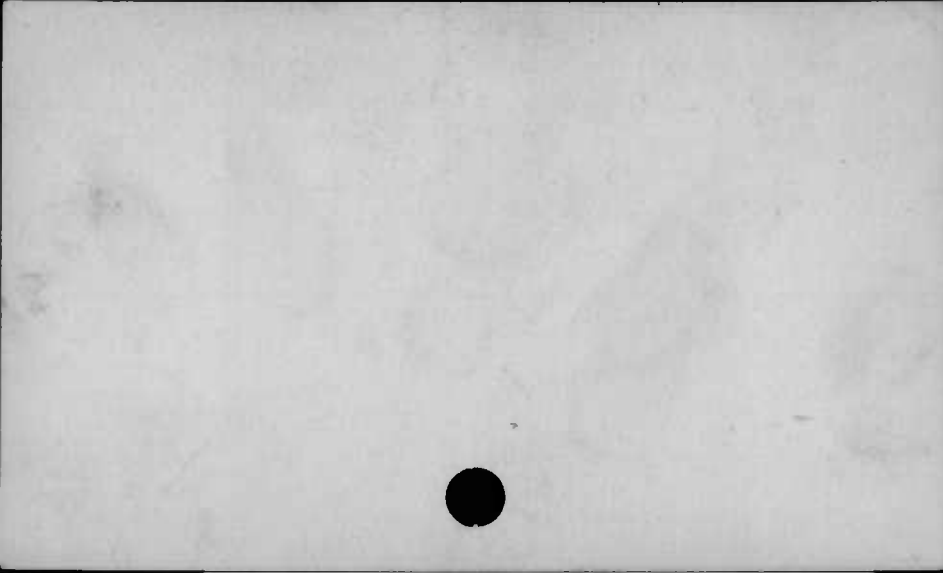
Father's Name _____ Mother's Maiden Name *66*

Cause of Death { Primary *Paralysis* Immediate _____
 How long sick *Two days*
 Accident, Suicide, Homicide

Reported by *Mr. Whitehill M.D.*

Address *Unionville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mabel Reeder

Town

County

Died at

Silver Run Carroll

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

12 11

Age

26

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Teroy Reeder

Basic Copenhagen

Cause of

Primary

Pneumonia

How long sick

10 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Dr. A. S. Marshall

Silver Run Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Mother's birthplace. Mayberry.

Father's Birthplace. Near Silver Run Ind

Name in Full

Certificate of Death

~~Archer~~
~~Lambert~~ Lambert

77
 MARYLAND

Died at Union Bridge Carroll

Date 19	0	3	Month	Day	Y.	M.	D.	Native of	Occupation
			1	30	21	3		Carroll Co	
Male			White		Married		Widow		Divorced
Female			Colored		Single		Widower		Number of children living

Husband of Edward Lambert

Father's Name John Lebow Mother's Maiden Name Mary Lebow

Cause of	Primary	Child Birth	How long sick	1 da.
Death	Immediate	Shock	136	Accident, Suicide, Homicide

Reported by H. Lebow Brown.

Address Union Bridge.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Frank J. Shuman

Pope Creek

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John Lees*
 Died at *Springfield State Hospital - Carroll*
 Town *Springfield* State *Carroll* County *Carroll*

MARYLAND

Date of death 190 *3* Month *Jan.* Day *18th* Years *54* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Talbot Co. Md.*

Married, ~~Single~~ *or Widowed* Occupation

Name of Wife or Husband

Father's Name *Thomas Lee*

Father's Birthplace *Md.*

Mother's Maiden Name

Mother's Birthplace *Md.*

Name of person giving information *S. W. Jones*

How related to deceased

CAUSES OF DEATH

Primary *Post Apoplectic Dementia*
Cerebral hemorrhage

How long *2 1/2 years*

Immediate

How long *about a week*

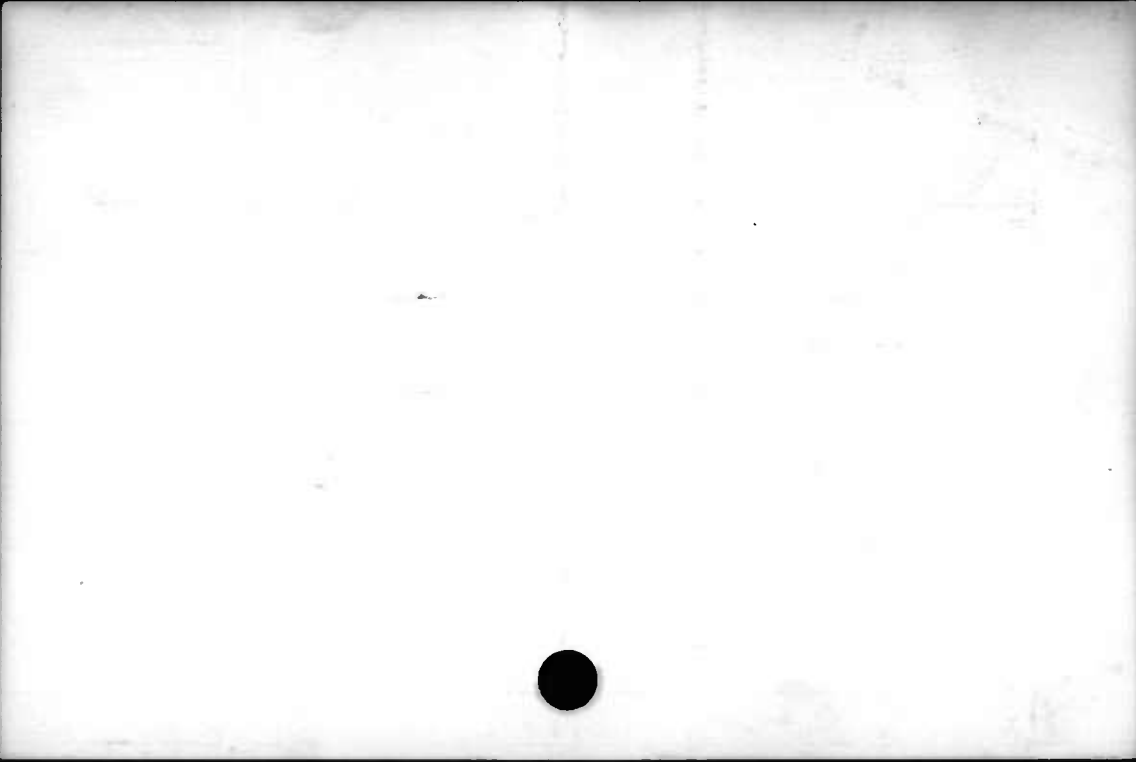
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Chas. J. Carey
Sykesville
Carroll Co. Md.

~~Accident or Suicide?~~



Name
in
Full

299 William Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waifeldsburg</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>1</i> Years	Months <i>2 -</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Waifeldsburg</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>William T. Lee</i>			Father's Birthplace <i>Waifeldsburg</i>		
Mother's Maiden Name <i>Marie Jones</i>			Mother's Birthplace <i>105</i>		
Name of person giving information <i>Wm T. Lee</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>Marasmus</i>	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician <i>Dr Thos Coonan</i>	
Address <i>Westminster Md</i>	
Accident or Suicide?	

bury at Sams Creek Meeting
House.

Stone

Name In Full

Certificate of Death

Bessie A. Lewis

Town

County

Died at

MARYLAND

Date 1903

Month Day

Y.

M.

D.

Native of

Occupation

Jan. 28

Age

1 4

md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Thos. Lewis

Mary J. Rhubottom

Cause of

Primary

Enteritis 105

How long sick

4 days

Death

Immediate

Infantile Convulsions

~~Accident, Suicide, Homicide~~

Reported by

MD Morris. MD.

Address

Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *George Trovell Motter*
 Died at *Jenny town* Town *Barre* County
 Date 19*03* Month *Jan* Day *16* Y. *61* M. *Ma* D. *Physician*
 Male *White* Married *Widow* ~~Divorced~~ Native of *Ma* Occupation *Physician*
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *2*

Husband of *Many Motter*
 Wife *Jacob Motter* Father's Name *Jacob Motter* Mother's Maiden Name *Jemima Trovell*
 Cause of Death *Grip* Primary *10* How long sick *10 days*
Pneumonia Immediate *Accident, Suicide, Homicide*

Reported by *Dr. Birnie*
 Address *Jenny town*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Jenniah Woollock

Town

County

MARYLAND

Died at

Silver Run

Cemell

Date 19

08

Month

Day

Y.

M.

D.

Native of

Occupation

June 21

Age

71- 5- 15

Maryland

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

5

Husband

of

Wife

Berkie Snyder

Father's

Mother's

Name

Jacob Woollock

Maiden Name

Martha Cuthan

Cause of

Primary

How long sick

Six Months

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

J. J. Stewart

Address

J. J. Stewart

Smiths Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Father's Birth place
Maryland
Mother's Birth place
Maryland.

Name
in
Full

CERTIFICATE OF DEATH

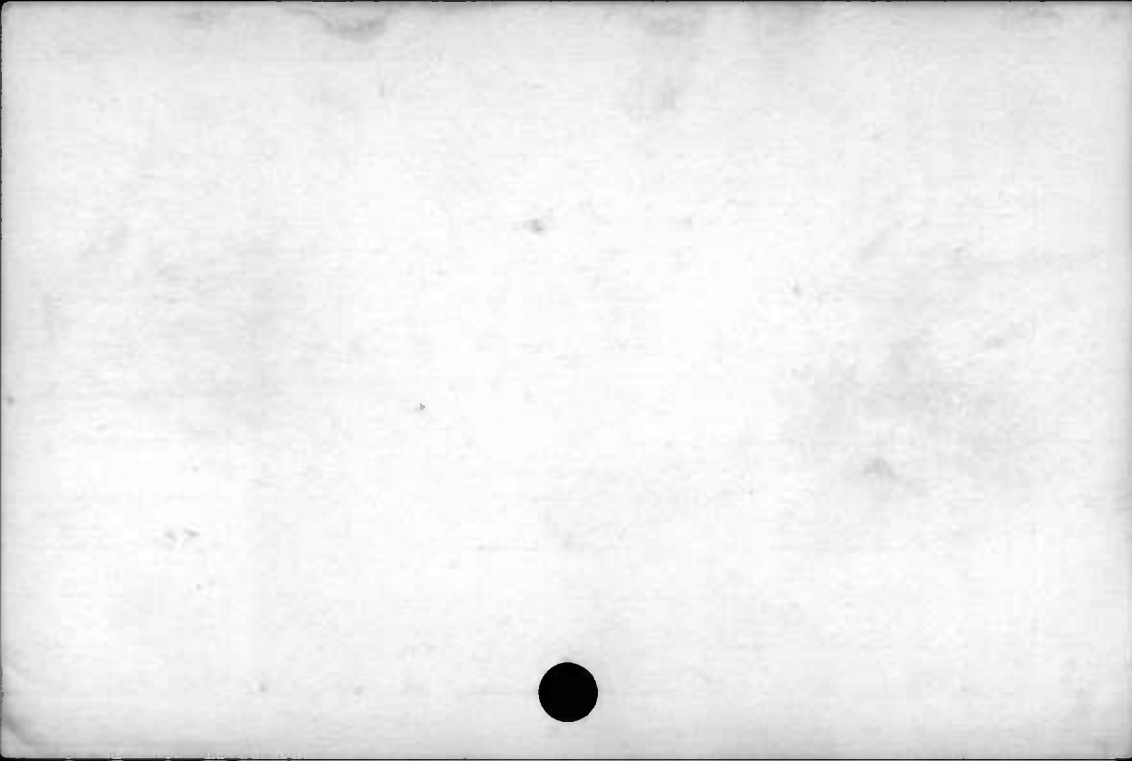
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Phuzie E. Myer</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died Date of death 1903		Month <i>1</i>	Day <i>23</i>	Age <i>71</i>	Years <i>11</i>	Months <i>11</i>	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Harmon</i>					
Name of Wife or <i>Susan Myer</i>							
Father's Name <i>—</i>		Father's Birthplace <i>—</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>Ma Myer</i>		<i>179</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>To the best of my knowledge the above</i>	How long <i>partly died of natural causes</i>
Immediate <i>partly died of natural causes</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. G. Wells</i>
	Address <i>Hampstead Md</i>
Accident or Suicide?	



Name In Full

Newcomer

Town

County

MARYLAND

Died at

Tarry town

Carroll

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 14

Age

1

Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

H. Newcomer

Sophie Ault house

Cause of

Primary

Premature birth

How long sick

Death

Immediate

want of vitality

Accident, Suicide, Homicide

Reported by

K. B. Miner

Address

Tarry town

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in Full **301****Alice Parrish**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Tamber Town		Carroll County		MARYLAND	
Date of death 1903	Month Jan	Day 24	Age 3 Years	Months 5	Days 14
Sex Female	Color or Race White		Birth-place Ind		
Married, Single or Widowed _____			Occupation none		
Name of Wife or Husband _____					
Father's Name Joseph T Parrish			Father's Birthplace Ind		
Mother's Maiden Name Alice Gornick			Mother's Birthplace Ind		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles	How long 10 days
Immediate Pneumonia	How long 1 day
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Dr. S. N. Gornick
	Address Tamber Ind
Accident or Suicide?	

[Handwritten signature]



Name
in Full 300

Robert Parrish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND					
Date of death 1903		Month Jan		Day 23		Age Years 15		Months		Days 29	
Sex male		Color or Race white		Birth-place		Wood					
Married, Single or Widowed				Occupation							
Name of Wife or Husband											
Father's Name Joseph P Parrish						Father's Birthplace Md					
Mother's Maiden Name Alice Gornuch						Mother's Birthplace Md					
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Measles		How long 6		10 days	
Immediate		Pneumonia		How long		1 day	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		D. S. N. Gornuch	
				Address		Gambier Md	
Accident or Suicide?							

Handwritten signature

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} *Honcksville* ^{County} *Carroll*Date of death 1903 ^{Month} 1 ^{Day} 21 ^{Age} 39 ^{Years} ^{Months} ^{Days}Sex *Female* Color or Race *White* Birth-place *—*Married, ~~Single~~ or ~~Widowed~~ *Married* Occupation *Housewife*Name of ~~Wife~~ or Husband *Edward Reese*Father's Name *Jeremiah E. Elseroad*

Father's Birthplace

Mother's Name *Sarah A. Elseroad*

Mother's Birthplace

Name of person giving information *Edw Reese*How related to deceased *Husband*

CAUSES OF DEATH

Primary *Hereditary* *27*

How long

Immediate *Consumption*

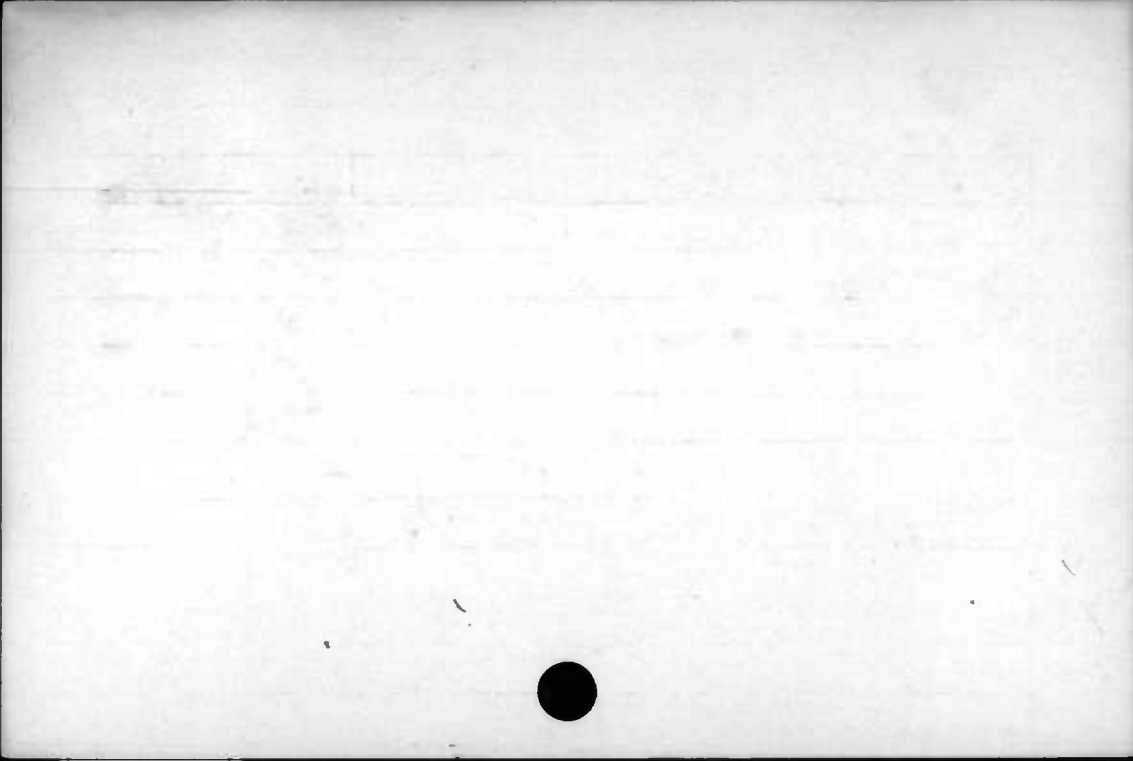
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *R. C. Wells M.D.*

Address

Accident or Suicide?

Hampstead, Md.



Name in Full

David Reinhart

Certificate of Death

No 72

Died at Union Bridge Carroll MARYLAND

1903 Jan 15 M. D. 84 Native of Md Occupation Farmer

Male White Age 84 Widower Number of children living 2

Husband of _____

Wife of _____

Father's Name Israel Reinhart Mother's Name Mary Reinhart

Cause of Death { Primary Pneumonia Immediate Heart Failure

How long sick 5 days

Accident, Suicide, or Homicide _____

Reported by Dr H L Fair

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65900

Dr. H. 21 Carl

Easton.
md.

Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Name *Marina C Seabrook* Town *Westminster* County *Carroll*

Died at *Westminster*

Date of death 190 *9* Month *January* Day *6* Age *73* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Pennsylvania*

Married, Single or Widowed *Widow* Occupation *—*

Name of Wife or Husband *Samuel Seabrook*

Father's Name *John Moritz* Father's Birthplace *Penn*

Mother's Maiden Name *Bettie Marks* Mother's Birthplace *Penn*

Name of person giving information *Mrs G W Hyder* How related to deceased *Son-in-law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Albuminuria* 190 *20* How long *3 months*

Immediate *Uræmia* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Jos. J. Henning* Address *Westminster*

Accident or Suicide? *—*

Shuman

George Washington Shorb

Died at ^{Town} Double Pipe Creek ^{County} Carroll MARYLAND

Date 1903 ^{Month} Jan. ^{Day} 30 | Age 66.9, 15 ^{Y.} ^{M.} ^{D.} ^{Native of} Md. | ^{Occupation} Merchant

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living 2

Husband of Margaret Hetzel

Wife

Father's Name Conrad Shorb Mother's Maiden Name Catherine Forney

Cause of Death { Primary Chronic Ulcer & Necrosed bone leg. ^{How long sick} 4 weeks -
 Immediate Toxine poisoning & heart failure ^{Accident, Suicide, Homicide} 1 week -

Reported by C. H. Diller

Address D. D. Creek, Md. 146

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Esther Simpson
 Town County

Died at *Ontario* *Carroll* MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 1903 *Jan* *18* Age *9* *5* *22* *mdr*
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name *Charles Simpson* Mother's Maiden Name *Charg C Hane*

Cause of Death { Primary *Typhoid Fever* How long sick *9 weeks*
 Immediate *Hemorrhage* Accident, Suicide, Homicide

Reported by *L. J. Lewis, Undertaker*

Address *Ontario* *Carroll Co* *md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Steward Stausbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>14</i>	Age <i>10</i>	Years	Months <i>3</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Married, Single or Widowed <i>Single</i>		Occupation					
Name of Wife or Husband							
Father's Name <i>John T. Stausbury</i>				Father's Birthplace <i>Union Mills md</i>			
Mother's Maiden Name <i>Florence Townsend</i>				Mother's Birthplace <i>Union Mills</i>			
Name of person giving information <i>John T. Stausbury</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Cold</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. B. L. Batt</i>
	Address <i>Westminster md</i>
Accident or Suicide?	

Mason Mills

Name in Full

Certificate of Death

Norman L. Steward

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03

Jan

19

Age

2

1

12

Maryland

Male

White

Married

~~Widow~~

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Jesnah Steward

Gda. Crowl

Cause of

Primary

How long sick

24 Hours

Death

Immediate

Scalded

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. J. Steward

Union Mills

Lemell Lee Ind

LIBRARY BUREAU, 79898

Fathers Birth place,

Maryland

Mothers Birth place

Maryland.

Name
in
Full

Grave, Au. Wagoner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Orthosis Pulmonalis	5 months
Immediate	How long
Cold	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	Address
Accident or Suicide?	

Meadow Branch

Name in Full Naoma Temple Waller		County Carroll		CERTIFICATE OF DEATH	
Died at Westminster		MAYLAND			
Date of death 190 3		Month Jan.	Day 4	Age —	Months —
Sex Female		Color or Race colored		Birth-place Westminster	
Married, Single or Widowed —		Occupation —			
Name of Wife or Husband —					
Father's Name Edward A Waller				Father's Birthplace Md.	
Mother's Maiden Name Letha B Diggs				Mother's Birthplace Md	
Name of person giving information Edward A Waller				How related to deceased Father	
CAUSES OF DEATH					
Primary Premature		71		How long —	
Immediate Convulsion				How long 3 hours	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas R Foutz M.D.			
		Address Westminster Md			
Accident or Suicide? —					

Am

Stone

Franklin W. Warner

Town

County

Died at

6 District

Carroll

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Jan.	11	25	11	7	Maryland	Barber
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	

Husband
Wife ofFather's
Name

John W. Warner

Mother's
Name

Amelia C. Walker

Cause of	Primary	How long sick
Death	Immediate	Subsided
	Intermittent	Accident, Suicide, Homicide

Reported by

Nelson C. Stick, M.D.

Address

New Rock, York Co., Pa.



Name in Full

Certificate of Death

Reuben Michide

D. Diller

Died at

D. P. Creese,

County

Carroll

MARYLAND

Date 1903

Month

Day

Jan. 27

Age

Y.

M.

D.

Native of

Occupation

81 - 29

Md.

Retired

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Jacob Michide

Mother's

Maiden Name

Margaret Late

Cause of

Primary

Acute indigestion

How long sick

3 hours

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

O. H. Diller

104

Address

Doubree Pike

Creese Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Capt Oles A. Northington

CERTIFICATE OF DEATH

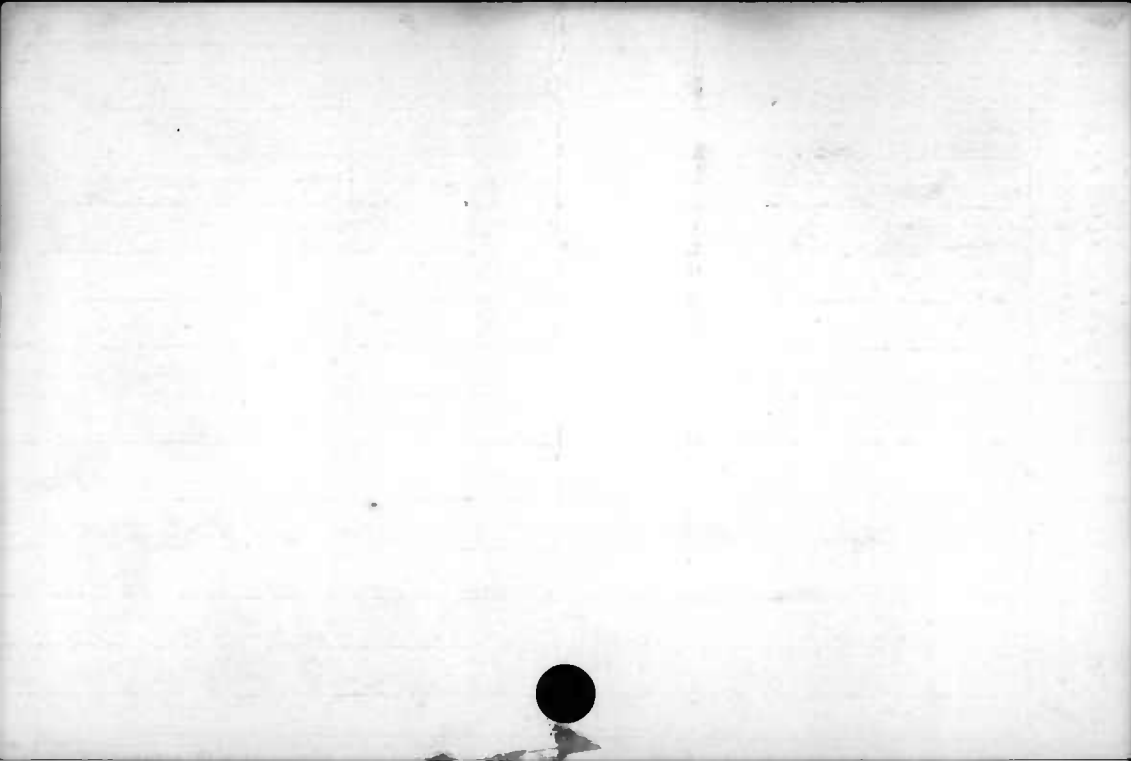
TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Sykesville</u> ^{Town}		<u>Carroll Co</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month} <u>January</u> ^{Day} <u>4</u>	Age <u>69</u> ^{Years}		<u>5</u> ^{Months}	<u>—</u> ^{Days}	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto Co Md</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>B & O RR. Passenger Conductor</u>				
Name of Wife or Husband <u>Eleanor Northington</u>					
Father's Name <u>Nicholas Dorsey Northington</u>		Father's Birthplace <u>Balto Co,</u>			
Mother's Maiden Name <u>Matilda Idell</u>		Mother's Birthplace <u>Balto Co,</u>			
Name of person giving information <u>Wife of deceased</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocarditis & Heart Failure</u>	How long <u>3 to 4 hours</u>
Immediate <u>Congestion, Oedema & failure of Heart</u>	How long <u>20 to 30 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Daniel B. Sprecher</u>
	Address <u>Sykesville Md</u>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Roops mill</i> Town <i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Jan</i>	Day <i>30</i>	Age <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>medford</i>	Months <i>8</i> Days <i>4</i>
Married, Single or Widowed <i>single</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Westminster</i>	
Father's Name <i>Edward Yangling</i>		Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		How related to deceased <i>Father</i>	
Name of person giving information <i>Edna - Yangling</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. L. B. A. H.</i>
	Address <i>Westminster</i>
Accident or Suicide?	

Mission town

Name in Full

Certificate of Death

Geo Zeff

Town

Millers St-

County

Carroll

MARYLAND

Died at

1903

Month

Jan

Day

26

Y.

81

M.

2

D.

12

Native of

Maryland

Occupation

Laborer

Date 189

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband

of

Wife

Father's

Name

Peter Zeff

Mother's

Name

Marquette Zeff

Cause of

Primary

Heart Disease 179

How long sick

2 years

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

J H Sherman M.D.

Address

Manchester

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

